COMMUNITY BENEFIT NARRATIVE REPORT

FY2013

BON SECOURS BALTIMORE HEALTH SYSTEM

BACKGROUND

The Health Services Cost Review Commission's (HSCRC or Commission) Community Benefit Report, required under §19-303 of the Health General Article, Maryland Annotated Code, is the Commission's method of implementing a law that addresses the growing interest in understanding the types and scope of community benefit activities conducted by Maryland's nonprofit hospitals.

The Commission's response to its mandate to oversee the legislation was to establish a reporting system for hospitals to report their community benefits activities. The guidelines and inventory spreadsheet were guided, in part, by the VHA, CHA, and others' community benefit reporting experience, and was then tailored to fit Maryland's unique regulated environment. The narrative requirement is intended to strengthen and supplement the qualitative and quantitative information that hospitals have reported in the past. The narrative is focused on (1) the general demographics of the hospital community, (2) how hospitals determined the needs of the communities they serve, (3) hospital community benefit administration, and (4) hospital community benefit programs.

Reporting Requirements

I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:

1. Please list the following information in Table I below. For the purposes of this section, "primary services area" means the Maryland postal ZIP code areas from which the first 60 percent of a hospital's patient discharges originate during the most recent 12 month period available, where the discharges from each ZIP code are ordered from largest to smallest number of discharges. This information will be provided to all hospitals by the HSCRC.

Table I

Bed Designation:	Inpatient Admissions:	Primary Service Area Zip Codes	All Other Maryland Hospitals Sharing Primary Service Area:	Percentage of Uninsured Patients, by County:	Percentage of Patients who are Medicaid Recipients, by County:

115	5,893	21223 21216 21217 21229	St. Agnes Hospital (21229)	Balto City- 87% Baltimore - 8% Anne Arundel -2% Other -3%	Balto City- 93% Baltimore - 5% Anne Arundel- 1% Other- 1%

2. For purposes of reporting on your community benefit activities, please provide the following information:
   a. In Table II, describe significant demographic characteristics and social determinants that are relevant to the needs of the community and include the source of the information in each response. For purposes of this section, social determinants are factors that contribute to a person's current state of health. They may be biological, socioeconomic, psychosocial, behavioral, or social in nature. (Examples: gender, age, alcohol use, income, housing, access to quality health care, education and environment, having or not having health insurance.) (Add rows in the table for other characteristics and determinants as necessary). Some statistics may be accessed from:
      - The Maryland State Health Improvement Process. http://dhmh.maryland.gov/ship/
      - The County Health Profiles 2013 http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx
      - The Maryland Vital Statistics Administration. http://vsa.maryland.gov/html/reports.cfm
      - The Maryland Plan to Eliminate Minority Health Disparities (2010-2014). http://www.dhmh.maryland.gov/mhhd/Documents/1stResource_2010.pdf
      - Maryland ChartBook of Minority Health and Minority Health Disparities 2nd Edition http://dhmh.maryland.gov/mhhd/Documents/2ndResource_2009.pdf

Table II

Community Benefit Service Area(CBSA) Target Population (target population, by sex, race, ethnicity, and average age)	Total population is 17,886 ; 48.6% male, 51.4% female; 76% African-American, 17.6% Caucasian, 3.6% Hispanic, 1.2% Asian; 27% 0-17 years of age, 11% 18-24, 25% 25-44, 27% 45-64, 10% 65 and older. Median age = 34.7
Median Household Income within the CBSA	$26,043
Percentage of households with incomes below the federal poverty guidelines within the CBSA	26.2%
Please estimate the percentage of uninsured people by County within the CBSA This	17.1% (2010 Baltimore City Health Disparities Report Card)

information may be available using the following links:http://www.census.gov/hhes/www/hlthins/data/acs/aff.html; http://planning.maryland.gov/msdc/American_Community_Survey/2009ACS.shtml	
Percentage of Medicaid recipients by County within the CBSA.	31%
Life Expectancy by County within the CBSA (including by race and ethnicity where data are available).See SHIP website: http://dhmh.maryland.gov/ship/SitePages/objective1.aspxand county profiles:http://dhmh.maryland.gov/ship/SitePages/LHIContacts.aspx	CBSA: 65.0 ; Baltimore City: 71.8
Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).	Rates per 10,000 residents in age group CBSA/Baltimore City): Less than one year: 136.0/121.0 1-14 years old: 11.7/1.8 15-24 years old: 22.7/28.9 35-44 years old: 55.4/43.6 45-64 years old: 158.7/115.0 65-84 years old: 472.0/489.9 85 and older: 1449.3/1333.3
Access to healthy food, transportation and education, housing quality and exposure to environmental factors that negatively affect health statusby County within the CBSA. (to the extent information is available from localor county jurisdictions such as the local health officer, local county officials, or other resources) See SHIP website for social and physical environmental data and county profiles for primary service area information:http://dhmh.maryland.gov/ship/SitePages/measures.aspx	Access to Healthy Food: Most of the CBSA falls within a designated "food desert," defined as more than ¼ mile walk from a full-service grocery store where fresh foods are available. There is only one full-service grocery store within the CBSA. By contrast carryout restaurant, corner store, liquor stores and establishments that sell tobacco density is twice that of Baltimore City as a whole. The problem is so widespread that after a two-year-long community engagement process, BSB determined that "access to healthy eating" was a high priority (in the top 5) for residents in the CBSA, ranked nearly as high as "crime" and "trash." Quality of Housing: 25.2% of properties within the CBSA are vacant/abandoned vs. 7.9% for Baltimore City as a whole. 52.7% of renters and 40% of homeowners pay more than 30% of their income for housing. Median sales price for homes was $22,500 in 2010 vs. $115,000 for Baltimore City. Transportation: Most residents have access to public transportation with ¼ mile of their homes.
Available detail on race, ethnicity, and language within CBSA. See SHIP County profiles for demographic information of Maryland jurisdictions.	76% African American 17.6% Caucasian 3.6% Hispanic 1.2% Asian 3.7% not proficient in English (Baltimore City – not available for CBSA)
Other	Unemployment: Unemployment rate in CBSA is 24.3% vs. 12.6% for Baltimore City.

b. Please use the space provided to complete the description of your CBSA. Provide any detail that is not already stated in Table II (you may copy and paste the information directly from your CHNA).

Bon Secours Baltimore Health System (BSBHS) strives to fulfill the mission of the Sisters of Bon Secours – to help the people and the communities of West Baltimore by providing compassionate, quality healthcare, and being "good help" to all in need.

With its mission in mind, Bon Secours stands proudly as an anchor institution in an area of West Baltimore that has suffered from disinvestment for many years. Its delivery of quality healthcare and community services is critical to the health and well-being of people in the area. In fulfilling its mission, Bon Secours also generates critical economic impact in the surrounding community and across Baltimore City.

Bon Secours Hospital ("BSB" or the "Hospital") has played a vital role in West Baltimore for decades. The Hospital is a 115 bed facility with 5,893 admissions for the fiscal year ending August 31, 2013. The Hospital serves West, North and Southwest Baltimore, where nearly a third of the city's total population resides. Dominated by the elderly, women and children, BSB's service area includes some stable neighborhoods, but far too many neighborhoods facing significant social challenges in the areas of housing, employment, education, and health. Slightly more than half of BSB' admissions are either self-pay or Medicaid patients.

Bon Secours Baltimore Health System's Community Benefit Service Area is Southwest Baltimore, which has a population of more than 17,886 (2010 Census) people, many of whom are medically and economically underserved. The socioeconomic status, ethnic diversity and health status of residents, according to the Baltimore City Health Department and the Baltimore Neighborhood Indicators project, indicates that 27% of the population is between 0-17 years; 76% are African American; 68% have a high school diploma equivalent or greater; 20% of those ages 16-64 are not employed; 45% of households make less than $25,000; and the leading causes of health-related deaths are heart disease, cancer, substance abuse, homicide, stroke, HIV/AIDS, and diabetes. In fact, in the neighborhoods served by BSB, residents die from heart disease at a rate that is 49% higher than the city as a whole. Rates of deaths from diabetes and HIV/AIDS, cancer, homicide and substance abuse are also substantially higher than in the entire city. And residents of Southwest Baltimore have a life expectancy of 65.0 years, compared to almost 72 years for the entire city.

Health problems in the community are exacerbated by inadequate insurance coverage. Approximately 11% of neighborhood residents are covered by Medicare, and 31% receive Medicaid. 17% are without any form of health insurance.

Designated as a federal medically-underserved community, Southwest Baltimore also suffers from a high rate of foreclosures as many residents do not have the financial capacity to maintain their homes. Many of the streets are lined with neglected and vacant houses, many boarded up and hazardous to the health and safety of children and adults.

Despite these challenging statistics and circumstances, the neighborhoods of Southwest Baltimore show signs

of new life and hope. Through our community partnerships, Bon Secours has initiated and supported neighborhood development and community-driven revitalization efforts that complement the health system's comprehensive services. Under the auspices of Community Works, BSB's community services arm, we are doing more than ever before to reach beyond the walls of the hospital to help our neighbors on their paths through life.

We provide career coaching and training through our workforce development programs. We help parents understand child development. We provide financial services, from income-tax preparation to wealth creation. We create gardens and clean up neighborhoods. We provide women who are struggling with a shower and a free hot breakfast.

Despite enormous challenges, we serve as an anchor of stability and hope for the residents of Southwest Baltimore, providing health and wholeness to all in need.

II. COMMUNITY HEALTH NEEDS ASSESSMENT

According to the Patient Protection and Affordable Care Act ("ACA"), hospitals must perform a Community Health Needs Assessment (CHNA) either fiscalyear 2011, 2012, or 2013, adopt an implementation strategy to meet the community health needs identified, and perform an assessment at least every three years. The needs assessment must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health, and must be made widely available to the public.

For the purposes of this report, the IRS defines a CHNA as a:

> Written document developed for a hospital facility that includes a description of the community served by the hospital facility: the process used to conduct the assessment including how the hospital took into account input from community members and public health experts; identification of any persons with whom the hospital has worked on the assessment; and the health needs identified through the assessment process.

The written document (CHNA) must include the following:

A description of the community served by the hospital and how it was determined;

A description of the process and methods used to conduct the assessment, including a description of the sources and dates of the data and other information used in the assessment and the analytical methods applied to identify community health needs. It should also describe information gaps that impact the hospital organization's ability to assess the health needs of the community served by the hospital facility. If a hospital collaborates with other organizations in conducting a CHNA the report should identify all of the organizations with which the hospital organization collaborated. If a hospital organization contracts with one or more third parties to assist in conducting the CHNA, the report should also disclose the identity and qualifications of such third parties;

A description of how the hospital organization took into account input from persons who represent the broad interests of the community served by the hospital facility, including a description of when and how the hospital consulted with these persons

(whether through meetings, focus groups, interviews, surveys, written correspondence, etc.). If the hospital organization takes into account input from an organization, the written report should identify the organization and provide the name and title of at least one individual in such organizations with whom the hospital organization consulted. In addition, the report must identify any individual providing input who has special knowledge of or expertise in public health by name, title, and affiliation and provide a brief description of the individual's special knowledge or expertise. The report must identify any individual providing input who is a "leader" or "representative" of certain populations (i.e., healthcare consumer advocates, nonprofit organizations, academic experts, local government officials, community-based organizations, health care providers, community health centers, low-income persons, minority groups, or those with chronic disease needs, private businesses, and health insurance and managed care organizations);

A prioritized description of all the community health needs identified through the CHNA, as well as a description of the process and criteria used in prioritizing such health needs; and

A description of the existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA.

Examples of sources of data available to develop a CHNAinclude, but are not limited to:

(1) Maryland Department of Health and Mental Hygiene's State Health Improvement Process (SHIP) (http://dhmh.maryland.gov/ship/);

(2) SHIP's CountyHealth Profiles 2012 (http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx);

(3) The Maryland ChartBook of Minority Health and Minority Health Disparities (http://dhmh.maryland.gov/mhhd/Documents/2ndResource_2009.pdf);

(4) Consultation with leaders, community members, nonprofit organizations, local health officers, or local health care providers;

(5) Local Health Departments;

(6) Local Health Departments (http://www.countyhealthrankings.org);

(7) Healthy Communities Network (http://www.healthycommunitiesinstitute.com/index.html);

(8) Health Plan ratings from MHCC (http://mhcc.maryland.gov/hmo);

(9) Healthy People 2020 (http://www.cdc.gov/nchs/healthy_people/hp2010.htm);

(10) Behavioral Risk Factor Surveillance System (http://www.cdc.gov/BRFSS);
(11) Focused consultations with community groups or leaders such as superintendent of schools, county commissioners, non-profit organizations, local health providers, and members of the business community;
(12) For baseline information, a CHNA developed by the state or local health department, or a collaborative CHNAinvolving the hospital; Analysis of utilization patterns in the hospital to identify unmet needs;
(13) Survey of community residents; and
(14) Use of data or statistics compiled by county, state, or federal governments.

In order to meet the requirement of the CHNA for any taxable year, the hospital facility must make the CHNA widely available to the Public and adopt an implementation strategy to meet the health needs identified by the CHNA by the end of the same taxable year.

The IMPLEMENTATION STRATEGY must:

a. Be approved by an authorized governing body of the hospital organization;
b. Describe how the hospital facility plans to meet the health need; or
c. Identify the health need as one the hospital facility does not intend to meet and explain why it does not intend to meet the health need.

1. Has your hospital conducted a Community Health Needs Assessment that conforms to the IRS definition detailed on pages 4-5 within the past three fiscal years?

X Yes
_ No

Provide date here.5/7/2013

If no, please provide an explanation

If you answered yes to this question, provide a link to the document here.

http://baltimore.bonsecours.com/assets/pdfs/CHNA-FINAL.pdf

2. Has your hospital adopted an implementation strategy that conforms to the definition detailed on page 5?

X Yes

_ No

If no, please provide an explanation

If you answered yes to this question, provide a link to the document here.

http://bonsecoursbaltimore.com/assets/pdfs/CHNA-ImplementationPlan-BSBHS-071513.pdf

III. COMMUNITY BENEFIT ADMINISTRATION

1. Please answer the following questions below regarding the decision making process of determining which needs in the community would be addressed through community benefits activities of your hospital?

   a. Is Community Benefits planning part of your hospital's strategic plan?

      X Yes

      _ No

      If no, please provide an explanation

   b. What stakeholders in the hospital are involved in your hospital community benefit process/structure to implement and deliver community benefit activities? (Please place a check next to any individual/group involved in the structure of the CB processand provide additional information if necessary):

      i. Senior Leadership

         1.X CEO

         2.X CFO

         3.X Other (Please Specify)

         Vice President - Mission; Executive Director - Community Works; Executive Director - Housing & Community Development

      ii. Clinical Leadership

         1.X Physician

2.X Nurse

3._ Social Worker

4._ Other (Please Specify)

iii.Community Benefit Department/Team

1._ Individual (please specify FTE)

2.X Committee (please list members)

Vice President - Mission (chair), Manager - Financial Grants, Senior Director of Programs - Community Works, Executive Director - Housing & Community Development, Director of Marketing - Vice President, Philanthropy, Director - Budget and Reimbursement, Manager - Budget & Business Intelligence

3.X Other (Please Specify)

The Boards of Bon Secours Baltimore Health System and Bon Secours Community Works are continuously informed of, clearly understand and approve the community benefit plan and programs.

c. Is there an internal audit (i.e., an internal review conducted at the hospital) of the Community Benefit report?

Spreadsheet X Yes _ No

If you answered no to this question, please explain why?

Narrative X Yes _ No

If you answered no to this question, please explain why?

d. Does the hospital's Board review and approve the FY Community Benefit report
that is submitted to the HSCRC?

Spreadsheet X Yes _ No

If you answered no to this question, please explain why?

Narrative X Yes _ No

If you answered no to this question, please explain why?

IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

This information should come from the implementation strategy developed through the CHNA process.

1. Please use Table III (see attachment) to provide a clear and concise description of the primary needs identified in the CHNA, the principal objective of each initiative and how the results will be measured, time allocated to each initiative, key partners in the planning and implementation of each initiative, measured outcomes of each initiative, whether each initiative will be continued based on the measured outcomes, and the current FY costs associated with each initiative. Please be sure these initiatives occurred in the FY in which you are reporting.

   For example for each principal initiative, provide the following:

   a Identified need: This includes the community needs identified by the CHNA. Include any measurable disparities and poor health status of racial and ethnic minority groups.

   b. Name of Initiative: insert name of initiative.

   c. Primary Objective of the Initiative: This is a detailed description of the initiative, how it is intended to address the identified need, and the metrics that will be used to evaluate the results (Use several pages if necessary)

   d. Single or Multi-Year Plan: Will the initiative span more than one year? What is the time period for the initiative?

   e. Key Partners in Development/Implementation: Name the partners(community members and/or hospitals) involved in the development/implementation of the initiative. Be sure to include hospitals with which your hospital is collaborating on this initiative.

   f. How were the outcomes of the initiative evaluated?

   g. Outcome: What were the results of the initiative in addressing the identified community health need, such as a reduction or improvement in rate? (Use data to support the outcomes reported). How are these outcomes tied to the objectives identified in item C?

   h. Continuation of Initiative: Will the initiative be continued based on the outcome?

   i Expense: What were the hospital's costs associated with this initiative? The

amount reported should include the dollars, in-kind-donations, or grants associated with the fiscal year being reported.

Initiative 1

Identified Need	Southwest Baltimore has a population of more than 17, 886 (2010 Census) people, many of whom are medically and economically underserved. The socioeconomic status, ethnic diversity, and health status of residents, according to the Baltimore City Health Department, indicates that 27% of the population is between 0-17 years; 76% are African American; and 36% have a high school diploma equivalent. There is a need to establish services that will empower families to establish economic independence and to live stronger, healthier lives.
Hospital Initiative	Family Support Center
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Healthy Families America is an evidence-based program designed to work with overburdened families who are at risk for child abuse, neglect, and other childhood experiences. -To reduce child maltreatment -To increase utilization of prenatal care and decreased pre-term, low weight babies -To improve parent – child interaction and school readiness -To decrease dependency on welfare, or TANF (Temporary Assistance to Needy Families), and other social services -To increase access to primary care medical services -To increase immunization rates Research reveals that fathers do play an important role in economic well-being, social development, and emotional growth in their children -To educate expecting and/or parenting teen fathers, young adult males, and non-custodial fathers on healthy and appropriate parenting knowledge and skills, continued education, and independent self-sufficient adult life. There is an increase in teen pregnancy and high school dropout rate in Baltimore City. The Family Support Center is committed to serving pregnant and teenage parents by providing various health, social, psychological, academic success, and to prevent subsequent pregnancies. -To provide pregnant and parenting teenagers (ages 13-19) with healthy and appropriate parenting knowledge and skills and continued education for an independent self-sufficient adult life. Recognizing that parents are one of the most

	important factors to a child's physical, mental, and emotional development, Babyology will teach parents how to nurture and understand the importance of the parent as the child's first teacher. -To educate parents who are expecting or have infants/toddlers on their primary role in their child's life and assist them in acquiring appropriate parenting skills and knowledge.
Single or Multi-Year InitiativeTime Period	This is an ongoing initiative providing continuous home visiting services to at-risk children, as well as services to teen fathers, young adult males, non-custodial fathers, pregnant and teen parents, and parents who are expecting or have an infant/toddler.
Key Partners and/or Hospitals in initiative development and/or implementation	-Maryland Family Network -Family League of Baltimore City -Childfind -House of Ruth -Turnaround
How were the outcomes evaluated?	Outcome evaluations were measured by the programs short-term and long term objectives for stakeholders as well as program milestones.
Outcome (Include process and impact measures)	From September 203 through August 2013, 1,805 home visits were made to families by staff and young mothers were provided with pre-natal care, medical referrals, and counseling. 891 parenting education services were provided to 91 participants. 110 children were successfully current on immunizations. 420 GED services were provided to 38 participants. 5 participants received a GED and 9 participants received an external high school diploma. 40 participants received part-time employment and 8 participants received full-time employment. 113 mental health services were provided to 11 participants through the Fatherhood program.
Continuation of Initiative	Yes
Cost of initiative for current FY?	$1,281,273

Initiative 2

Identified Need	Designated as a federal medically-underserved community, Southwest Baltimore suffers from a high rate of foreclosures as many residents do not have the financial capacity to maintain their homes. Many of the streets are lined with neglected and vacant houses, many boarded up and hazardous to the health and safety of children and adults. High percentage of families is living below self-sufficiency standards.
Hospital Initiative	Working Families Initiative
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Our Money Place Financial Services offers one-on-one and group financial counseling

	and training, credit repair, connection to low-cost lawyers, insurance products, free and low-cost tax preparation, and other asset building products. Group classes include tax training and expense management for the self-employed. -To assist residents and teach them how to establish economic independence and how to live stronger, healthier lives.
Single or Multi-Year InitiativeTime Period	This is an ongoing initiative.
Key Partners and/or Hospitals in initiative development and/or implementation	-Baltimore City Cash Campaign -Operation ReachOut Southwest -Seedco -T Rowe Price Foundation -Mayor's Office of Homeless Services
How were the outcomes evaluated?	Outcome evaluations were measured by the programs short-term and long term objectives for stakeholders as well as program milestones
Outcome (Include process and impact measures)	From September 2012 through August 2013, comprehensive benefits screening was completed for 100% (23 of 23) of Job Readiness enrollees and over 420 low income area residents. 275 residents received counseling and 50 area-residents completed debt reduction and credit improvement plans. Of the 50 residents, 14 were referred to CCCS for Chapter 7 and 1 resident for Chapter 13 bankruptcy assistance. The remaining 35 individuals received assistance from staff on how to effectively work with creditors. 1,100 residents received tax preparation and 60 people avoided homelessness through education by staff.
Continuation of Initiative	Yes
Cost of initiative for current FY?	$339,721

Initiative 3

Identified Need	More Southwest women are becoming at risk for homelessness.
Hospital Initiative	Women's Resource Center
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	The Women's Resource Center supports women in need in Southwest/West Baltimore. The Center is the ONLY drop-in hospitality facility in the area, making it a much needed resource for women who are in crisis, as well as a safe, secure and supportive environment for women who are progressing from recognizing the need for change. -To meet the basic needs of women who are homeless or at risk of homelessness by providing a broad range of services. -To provide women with resources for health services through BSB or other agencies.
Single or Multi-Year InitiativeTime Period	This is an ongoing initiative providing support to women in need for a comfortable

	place to rest.
Key Partners and/or Hospitals in initiative development and/or implementation	-Parents Anonymous -Mercy Supportive Housing -You Are Never Alone (YANA), -Recovery in the Community (RIC) -Sisters of Bon Secours Ministry -Mayor's Office of Homeless Services
How were the outcomes evaluated?	Outcome evaluations were measured by the programs short-term and long term objectives for stakeholders as well as program milestones
Outcome (Include process and impact measures)	From September 2012 – August 2013, 640 visits where made to the Women's Resource Center. Each year, the Women's Resource Center achieves more than 1,100 meals served to the community, computer training to at least 15 women, 500 counseling sessions, and at least 300 referrals to community programs and Bon Secours programs and services.
Continuation of Initiative	Yes
Cost of initiative for current FY?	$120,310

Initiative 4

Identified Need	45.3 % of Southwest families are living on a household income of 25,000 or less. 36% of residents have a high school diploma equivalent
Hospital Initiative	Career Development
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	The Career Development Program is an intensive job placement, career, and financial asset building program that helps adults overcome some of the most significant barriers to achieving long term employment and economic self-sufficiency. YEEP is a mentoring program that helps our youth find after-school and summer jobs, as well as help them develop plans for careers and a productive, meaningful adult life. YEEP's wide-ranging and life changing strategies teach participants about civic responsibility, community awareness and personal growth and development. During the school year, YEEP students and parents complete community service projects, attend recreational and cultural activities and attend meeting and training sessions -To raise the awareness, knowledge, skills, and expectations in the areas of academic achievement, leadership, financial literacy, economic self-sufficiency, and career development for young people ages 13-17.
Single or Multi-Year InitiativeTime Period	This is an ongoing initiative to assist adults and youth trying to obtain employment
Key Partners and/or Hospitals in initiative development and/or implementation	-Harbor Bank of Maryland -Culture Works

	-Area high schools -Area employers -Baltimore City Community College
How were the outcomes evaluated?	Outcome evaluations were measured by the programs short-term and long term objectives for stakeholders as well as program milestones
Outcome (Include process and impact measures)	From September 2013 through August 2013, 257 clients from Career Development and area residents had computer access to assist with computer proficiency building and/or employment related activities. 23 adult residents completed a 5-week intensive Job Readiness curriculum and 31 youth completed a 12- week intensive Job Readiness curriculum. 34 youth participants obtained employment.
Continuation of Initiative	Yes
Cost of initiative for current FY?	$169,903

Initiative 5

Identified Need	Mental Health was listed as the second most pressing health problem in Southwest Baltimore in a community health assessment conducted 2009-2012. Bon Secours services and resources are often underutilized
Hospital Initiative	Community Institute of Behavioral Services Services include: •Specialized case management •Outpatient mental health treatment •Substance abuse treatment •Child and adolescent treatment services •Outreach and Education
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	To provide access to a variety of clinical and community-based behavioral health services and to increase community's utilization of services. Metrics include level of participation in various programs (individuals served/total visits) and rates of access of supportive and other services.
Single or Multi-Year InitiativeTime Period	This is an ongoing initiative.
Key Partners and/or Hospitals in initiative development and/or implementation	-Baltimore City Health Department -Behavioral Health Systems Baltimore -National Alliance on Mental Illness
How were the outcomes evaluated?	We utilize CBISA community benefit software to track volume and cost and develop reports for governmental and philanthropic entities.
Outcome (Include process and impact measures)	Encounters and individuals served are up from FY12 (1.2% to 14,703 individuals served and 272,689 encounters). 98% of specialized case management clients received mental health treatment and 95% received housing. 35% of our clients after treatment re-establish themselves back into the community by reconnecting with family, securing stable housing, and employment.
Continuation of Initiative	Yes

Cost of initiative for current FY?	$14,022,040

Initiative 6

Identified Need	Support the creation and preservation of strong healthy blocks via the development and management of affordable housing.
Hospital Initiative	Community Housing
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Provide Safe/Affordable housing; connect residents of housing to needed services – and to one another. Occupancy rates of properties along with quantitative (number of residents served, services utilized) and qualitative (resident satisfaction, individual practice assessment) are tracked.
Single or Multi-Year InitiativeTime Period	This is an ongoing initiative.
Key Partners and/or Hospitals in initiative development and/or implementation	-Enterprise Community Partners - Enterprise Homes - United States Department of HUD - Baltimore City Department of Housing and Community Development - Maryland State Department of Housing & Community Development - Wayland Baptist Church - New Shiloh Baptist Church;
How were the outcomes evaluated?	We utilize CBISA community benefit software to track volume and cost and contract with National Church residences for 3rd party quality assurance & review.
Outcome (Include process and impact measures)	Housing occupancy for FY13 was 98.2% for 648 units; Resident satisfaction averaged 39.5 per property out of a possible score of 40; Individual practice assessments averaged 43.5 out of a possible score of 44; and file review averaged 19 out of a possible 21.
Continuation of Initiative	Yes
Cost of initiative for current FY?	$4,544,725

Initiative 7

Identified Need	Prevalence of chronic diseases and need for patients to access to services and education to assist in management as well as improve outcomes and quality of life.
Hospital Initiative	Tele-Heart Program; Parish Nursing
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Disease management program for persons diagnosed with congestive heart failure and hypertension. Number of persons served along with data on how well they manage their chronic disease conditions is tracked.
Single or Multi-Year InitiativeTime Period	This is an ongoing initiative.
Key Partners and/or Hospitals in initiative development and/or implementation	-Transfiguration Catholic Church - St. Bernadine's Catholic Church - Central Baptist Church - Jones Tabernacle - St. Gregory Catholic Church

	- St. James Episcopal Church - St. Edward's Catholic Church
How were the outcomes evaluated?	We utilize CBISA community benefit software to track volume and cost and develop reports for grantors.
Outcome (Include process and impact measures)	12,193 persons served during FY13. Of the 50% of participants with blood glucose levels of 210mg/dl or higher but after going through our program and learning to manage their diet and exercise we have seen an average 10% drop in blood glucose levels. We have also seen participants better manage their diet as at least 50% of participants have made better food choices and have lowered their sodium intake and cholesterol rate.
Continuation of Initiative	Yes
Cost of initiative for current FY?	$122,929

Initiative 8

Identified Need	High incidence of HIV/AIDS infection and deaths in CBSA.
Hospital Initiative	Rapid HIV Testing
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Facilitates real-time HIV testing of patients and as well as those who present and request testing (even if not a patient). Program performs pre-counseling, testing, and post-counseling (for both patients that test negative as well as those that test positive). Patients that test positive are linked to care.
Single or Multi-Year InitiativeTime Period	This is an ongoing initiative.
Key Partners and/or Hospitals in initiative development and/or implementation	Baltimore City Health Department
How were the outcomes evaluated?	Outcomes were measured based on the number of tests performed, the positivity rate as well as the percentage of patients testing positive linked to care. Positivity and linkage to care was measured externally by the Baltimore City Health Department
Outcome (Include process and impact measures)	3,221 tests performed in FY13
Continuation of Initiative	Yes
Cost of initiative for current FY?	$163,547

2. Were there any primary community health needs that were identified through the CHNA that were not addressed by the hospital? If so, why not? (Examples include other social issues related to health status, such as unemployment, illiteracy, the fact that another nearby hospital is focusing on an identified community need, or lack of resources related to prioritization and planning.) This information may be copied directly from the CHNA that refers to community health needs identified but unmet.

The Hospital identified various areas of community health needs in our CHNA report including food and nutrition, physical and mental health, jobs, housing, transportation, and prevention, education and chronic disease management. We were able to cover everything identified in the CHNA in our plan. Therefore, there were no primary community health needs that were identified through the CHNA that were not addressed by the hospital.

V. PHYSICIANS

1. As required under HG§19-303, provide a written description of gaps in the availability of specialist providers, including outpatient specialty care, to serve the uninsured cared for by the hospital.

Below answers Question 1 and 2 above:

Across the country, the vast majority of specialist providers rely upon reimbursement from Medicare, Medicaid, Managed Care and patients to provide financial support for their practices. However, for hospitals such as Bon Secours that serve low-income individuals without insurance, urban poor areas, the opportunities for specialists to be compensated through these vehicles are extremely low. Consequently, if these specialist providers were to provide the needed health care services for these hospitals, through only the support of paying patients, they would quickly be forced to close their practices or move to a community with a far more favorable payer mix. However, for hospitals such as Bon Secours that serve low-income individuals without insurance, urban poor areas, the opportunities for specialists to be compensated through these vehicles are extremely low. Consequently, if these specialist providers were to provide the needed health care services for these hospitals, through only the support of paying patients, they would quickly be forced to close their practices or move to a community with a far more favorable payer mix.

For a hospital like Bon Secours to continue to support the community with the varied specialist providers necessary for a full-service medical/surgical hospital with Emergency and Surgical Service, some manner of support is required to ensure the provision of this professional specialized medical care. With approximately 52% of the patient population presenting as charity, self-pay and Medicaid, specialist physicians serving patients at Bon Secours are simply unable to cover their costs With approximately 52% of the patient population presenting as charity, self-pay and Medicaid, specialist physicians serving patients at Bon Secours are simply unable to cover their costs.

In particular, the primary shortages in availability, absent some form of financial support, come in the form of ED, ICU, regular physician staffing, in addition to the "on call coverage necessary to support 24 hour services in these areas. As a result, in Bon Secours' fiscal 2012 Annual Filing, the "Part B" support provided by the Hospital as indicated in the "UR6" Schedule totals $16.0 million. The fiscal year 2013 Annual Filing has not been completed at this time, however FY13 "UR6" schedule totals are anticipated to be comparable to FY12. To a hospital the size of Bon Secours, this is a significant outlay of support that is necessary to provide the specialist care required to compassionately and equitably care for our patients. As a result, in Bon Secours' fiscal 2012 Annual Filing, the "Part B" support provided by the Hospital as indicated in the "UR6" Schedule totals $16.0 million. The fiscal year 2013 Annual Filing has not been completed at this time, however FY13 "UR6" schedule totals are anticipated to be comparable to FY12. To a hospital the size of Bon Secours, this is a significant outlay of support that is necessary to provide the specialist care required to compassionately and equitably care for our patients.

Therefore, real and significant "gaps" in the availability of specialist providers in this community exist. Those gaps currently are only being filled via support from the Hospital. The gaps are currently being filled in the following specialist areas: The gaps are currently being filled in the following specialist areas:

-ED Coverage (approx. $4.7 million)

-Anesthesia (approx.. $0.7 million)

-Medical/Surgical "House Coverage" (approx.. $2.0 million)

-Intensive Care (approx. $0.7 million)

-Psychiatry (approx. $1.5 million)

-Other Specialties, including Radiology, Laboratory, Vascular, Hemodialysis, and Pathology

In addition to these gaps currently filled via subsidy, relatively unmet specialist needs for both the insured and uninsured within our facility include ENT Specialist, limited G.I. (Gastrointestinal Specialist), Neurologist, Urologist, and Endocrinologist.

2. If you list Physician Subsidies in your data in category C of the CB Inventory Sheet, please indicate the categoryof subsidy, and explain why the services would not otherwise be available to meet patient demand. The categories include: Hospital-based physicians with whom the hospital has an exclusive contract; Non-Resident house staff and hospitalists; Coverage of Emergency Department Call; Physician provision of financial assistance to encourage alignment with the hospital financial assistance policies; and Physician recruitment to meet community need.

Please refer to number 1 in this section for answer.

Appendix I - Describe FAP

Appendix 1

Description of Bon Secours Baltimore Hospital Financial Assistance Intake Process

Currently Bon Secours Baltimore staff provides self-pay patients with financial assistance applications, along with cover sheets, available in both English and Spanish, upon registration. Additionally, signage is posted in all registration areas informing patients of the availability of financial assistance options. The Hospital also has a script for all registrars to use at registration to inform patients about the financial assistance policy options and whom to contact for more information. Finally, patients who apply for financial assistance and are approved receive a CareCard. The CareCard shows that the patient applied for financial assistance, gives them a policy number, and effective date for which the CareCard applies.

Need help paying your hospital bill?

Our staff is available to assist you in applying for all government-sponsored programs and the Bon Secours Financial Assistance Program.

Contact our Financial counseling office at (410) 362-3319

BON SECOURS HEALTH SYSTEMS

Script:

Not all medical costs are covered by insurance. You have the right to receive medically necessary care without the ability to pay. Financial assistance is available through government programs and Bon Secours Baltimore Health System, if you qualify for our Financial Assistance Program

Please contact the Bon Secours Financial Counselor, Phyllis Brown at 410-362-3319 for additional information.

BON SECOURS
BALTIMORE
HEALTH SYSTEM

PATIENT BILLING RIGHTS AND OBLIGATIONS

Not all medical costs are covered by insurance. You have the right to receive medically necessary care without the ability to pay. Financial assistance is available through government programs and Bon Secours Baltimore Health System, if you qualify for our Financial Assistance Program. The Bon Secours Health System (BSHSI) exists to benefit people in the communities they serve. It is up to you to provide complete and accurate information about your health insurance coverage when you come to the hospital.

These services and procedures address the needs of patients who have limited financial means and are not able to pay in part or full for the services provided with out undue financial hardship.

FINANCIAL ASSISTANCE

If you are unable to pay for medical care, you may qualify for free or reduced cost care. Financial counselors are available; to assist you in applying for government-sponsored financial assistance or for the Bon Secours Financial Assistance Program. **Please contact Phyllis Brown at 410-362-3319 concerning:**

- Your hospital bill
- Your patient rights and obligations with regard to hospital bill
- How to apply for free and reduced care
- How to apply for the Maryland Medical Assistance Programs and any other programs that may help pay your bill

For information about the Maryland Medical Assistance Programs; contact the help line at 1-800-456-8900, TTY 800-735-2258 or visit the website www.dhmh.state.md.us/mn4families

PHYSICIAN BILLING

Professional services provided to you by a physician will be billed separately and apart from the fees charged by the hospital.

Thank you and we look forward to providing you the "Good Help" Bon Secours Baltimore stands for.

BON SECOURS
BALTIMORE
HEALTH SYSTEM

DERECHOS Y OBLIGACIONES DE FACTURACIÓN DEL PACIENTE

No todos los costos médicos están cubiertos por el seguro. Tiene derecho a recibir la atención médica necesaria aunque no pueda pagarla. Puede acceder a asistencia financiera a través de programas del gobierno y del sistema de salud Bon Secours Baltimore Health System, si califica para nuestro programa de asistencia financiera Financial Assistance Program. El sistema Bon Secours Health System (BSHSI) existe para ayudar a personas dentro de las comunidades en las que trabajan. Cuando viene al hospital, es su responsabilidad entregar información completa y precisa acerca de su cobertura de seguro de salud.

Estos servicios y procedimientos están orientados a atender las necesidades de pacientes cuyos medios financieros son limitados y no pueden pagar en forma parcial o total los servicios prestados sin atravesar excesivas dificultades financieras.

ASISTENCIA FINANCIERA

Si no puede pagar la atención médica, es posible que califique para obtener atención sin cargo o a un costo reducido. Contamos con asesores financieros que podrán ayudarlo a solicitar asistencia financiera patrocinada por el gobierno o a ingresar al programa Bon Secours Financial Assistance Program. **Póngase en contacto con Phyllis Brown al 410-362-3319 respecto de los siguientes temas:**

- Su factura del hospital
- Sus derechos y obligaciones como paciente en relación con la factura del hospital
- Cómo solicitar atención médica sin cargo o a un costo reducido
- Cómo solicitar el ingreso a los programas Maryland Medical Assistance Programs y a cualquier otro programa que pueda ayudarlo a pagar la factura

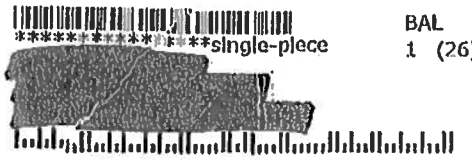
Para obtener más información sobre los programas Maryland Medical Assistance Programs, comuníquese con la línea de ayuda al 1-800-456-8900, teléfono de texto para sordomudos 800-735-2258 o visite el sitio Web en www.dhmh.state.md.us/ma4families

FACTURACIÓN DEL MÉDICO

Los servicios profesionales que el médico le brinde serán facturados por separado y aparte de los honorarios que cobre el hospital.

Muchas gracias y esperamos proporcionarle esa "Buena Ayuda" que es el sentido de Bon Secours Baltimore.

BON SECOURS
Baltimore Health System
2000 West Baltimore Street * Baltimore, MD 21223



BAL
1 (26)

May 11, 2009

Sample

Dear [redacted]

Thank you for entrusting your healthcare needs to us. Your CareCard application has been approved. Bon Secours providing *"Good Help to Those in Need"*®

You have been approved to participate in the Bon Secours Financial Assistance Program and will be required to cooperate with the Eligibility Team on each visit. The Eligibility Team working on behalf of Bon Secours will assist with your application for a government-sponsored health plan. If you do not qualify for a government-sponsored health plan or other insurance product, the CareCard program will allow you to access health care services at any Bon Secours hospital. Please note the CareCard only covers charges associated with hospital services. The CareCard does not cover charges billed to you by physicians or other caregivers involved in your visit.

Please understand the financial assistance program does not apply to treatment related to work injuries, accidents or other treatment for which you receive compensation for your medical bills, pain and suffering and other damages.

Your CareCard is valid for one year, unless you qualify for a government-sponsored health plan or other insurance product. If you need assistance with completing the application, please call our toll free Customer Service Center at 1-877-342-1500 during the hours of 8:30 AM to 1:00 PM and 2:00 PM to 5:00 PM Monday through Friday.

We are committed to helping people and communities achieve health and wholeness as part of the healing ministry of Bon Secours.

Member: [redacted]
Issuing Facility Code: Baltimore Hospital
Policy #: [redacted]
Plan: [redacted]
Effective Date: 04/09 THRU 04/10
Family Yearly Deductible: $0.00

Peel up to remove card

FA04

CARE CARD (11/08)

Appendix II - Hospital FAP

Bon Secours Health System, Inc.
System-Wide Policy Manual

TOPIC: Patient Financial Assistance Services	POLICY NO.: CYC-01 / FAP0025 and E5101	DATE:	September 1999
		REVISED:	July 9, 2010
AREA: Patient Financial Services Patient Financial Assistance	APPROVED BY:	Rich Statuto	

PURPOSE

Bon Secours Health System, Inc. ("BSHSI") is committed to ensuring access to needed health care services for all. BSHSI treats all patients, whether insured, underinsured or uninsured, with dignity, respect and compassion throughout the admissions, delivery of services, discharge, and billing and collection processes.

Policy

The Bon Secours Health System ("BSHSI") exists to benefit people in the communities served. Patients and families are treated with dignity, respect and compassion during the furnishing of services and throughout the billing and collection process.

To provide high quality billing and collection services, standard patient financial assistance services and procedures are utilized. These services and procedures address the needs of patients who have limited financial means and are not able to pay in part or in full for the services provided without undue financial hardship (excluding cosmetic or self pay flat rate procedures).

The BSHSI financial assistance policy provides 100% financial assistance to uninsured patients with annual family incomes at or below 200% of the Federal Poverty Guidelines ("FPG"), as adjusted by the Medicare geographic wage index for each community served to reflect that community's relative cost of living ("Adjusted FPG").

Based on research conducted by the Tax Foundation, the maximum annual family liability is based on a sliding scale determined by family income and size. A standard BSHSI sliding scale is adjusted by the Medicare geographic wage index of each community served to reflect that community's relative cost of living.

Procedures

The standard patient financial assistance services and procedures are organized as follows.

Procedure	Policy Section
Communication and Education of Services	• 1
Preliminary Determination of Insurance and Financial Status	• 2
Financial Counseling	• 3
Prompt Pay Discounts	• 4
Billing and Letter Series	• 5
Payment Options	• 6
Program Enrollment Assistance	• 7
Patient Financial Assistance Program	• 8
Pursuit of Non Payment	• 9
Accountability and Monitoring	• 10
State Requirements and Policy Revisions	• 11

Definitions

- Charity – "the cost of free or discounted health and health related services provided to individuals who meet certain financial (and insurance coverage) criteria" as defined the Catholic Health Association of the United States.
- Income – The total family household income includes, but is not limited to earnings, unemployment compensation, Social Security, Veteran's Benefits, Supplemental Security Income, public assistance, pension or retirement income, alimony, child support and other miscellaneous sources.
- Bad Debt – An account balance owed by a patient or guarantor that can afford to pay, but has refused to pay, which is written off as non-collectable.
- Baseline – 200% of the Federal Poverty Guidelines ("FPG") – utilized by all BSHSI Local Systems to determine eligibility for the Patient Financial Assistance Program.
- Medical Eligibility Vendor/Medical Assistance Advocacy - Advocacy vendor contracted by BSHSI to screen patients for government programs and BSHSI Financial Assistance.
- Patient Financial Assistance Program – A program designed to reduce the patient balance owed provided to patients who are uninsured and underinsured and for whom payment in full or in part of the financial obligation would cause undue financial hardship.
- Prompt Pay Discount – A discount on the patient balance owed if paid within thirty (30) days of billing.
- The Tax Foundation Special Report – Guidelines for calculating the patient balanced owed for individuals participating in the Patient Financial Assistance Program, which identifies the percent income set aside for savings and medical expenses. The source is "A Special Report from the Tax Foundation"; dated November 2003, document number 125.
- Community Service Adjustment ("CSA") – A reduction in total charges to an account, which reflects an offset to the cost of healthcare to our uninsured patients and families.
- Uninsured – Patients who do not have any insurance and are not eligible for federal, state or local health insurance programs.
- Local System Champion ("LSC") – The individual appointed by the Local System CEO to assist in the education of staff and monitor compliance with this policy.

- Head of Household ("Guarantor") – The individual listed on tax return as "Head of Household". This will be the individual used for tracking Family Annual Liability.
- Household Family Members ("Dependents") – Individuals "residing" in household which are claimed on the tax return of the Head of Household (Guarantor).

Communication and Education of Services	POLICY NO. CYC-01/FAP_0025 Section 1

1.1 All BSHSI representatives that have contact with patients regarding financial status are responsible for advising patients of the BSHSI Patient Financial Assistance Services Program.

1.2 Standard signs and brochures are prepared by BSHSI Patient Financial Services for limited customization (name and logo) by each Local System. Signs and brochures are available in English and Spanish. Each Local System is responsible for having the signs and brochures translated into the other dominant languages spoken in the respective community in a manner that is consistent with the English version.

1.3 A brochure and education on its content are provided to each patient upon registration. Signs and brochures are predominantly displayed in patient registration, customer service, waiting and ancillary service areas.

1.4 Brochures and education on the content are provided to physicians and their staff.

1.5 Changes to the brochure or signs are prepared by BSHSI Patient Financial Services and distributed to each Local System Director of Patient Financial Service for immediate use. All brochures must be approved by BSHSI Patient Financial Services and reviewed for Medicare and Medicaid compliance.

1.6 The LSC is responsible to ensure that all community service agencies are provided information regarding the BSHSI Patient Financial Services practices. It is recommended that this be done in a forum that is interactive.

1.7 Training, education and resources on the Patient Financial Assistance Services Policy and Procedures is provided to each Local System CEO, VP of Mission, Director of Patient Financial Services and the Local System Champion and staff, as needed, to ensure consistency in deployment and policy administration.

1.8 Accommodations will be made for non-English speaking patients.

Preliminary Determination of Insurance and Financial Status	POLICY NO. CYC-01/FAP_0025 Section 2

2.1 The Patient Access Staff, including Registration and Medical Eligibility Vendor/Medical Assistance Advocacy, screen all patients to identify individuals and their families who may qualify for federal, state or local health insurance programs or the Patient Financial Assistance Program (see section 8 of this Policy). Potentially eligible patients are referred to Patient Financial Services for financial counseling.

2.2 Although proof of income is requested for consideration of the Patient Financial Assistance Program some Local System DSH regulations may require proof of income. Such regulations will be handled on a case-by-case basis.

2.3 Automatic charity assessment and credit checks for accounts greater than $5,000 will be considered.

Financial Counseling	POLICY NO. CYC-01/FAP_0025 Section 3

3.1 Patient Financial Services Staff, including the Patient Access Staff, is responsible for assisting patients and their families in determining eligibility and applying for federal, state and local insurance programs and/or for the Patient Financial Assistance Program. If applicable, referral for debt counseling is made. Information will be made available at all patient access locations, including 24-hour emergency departments.

3.2 A standard financial information worksheet is used to collect and document the patient's insurance and financial status. The standard worksheet is reviewed as needed, but at least annually, by the BSHSI Director of Patient Financial Services. Any changes to the standard work sheet are communicated to each Local System Director of Patient Financial Services and Local System Champion for immediate use.

3.3 Patient cooperation is necessary for determination. If patient does not provide the financial information needed to determine eligibility for the Patient Financial Assistance Program, the patient will be given the opportunity for a Prompt Pay Discount.

3.4 All uninsured patients are provided a Community Service Adjustment, at the time of billing.

3.5 All BSHSI locations will have dedicated staff to assist patients in understanding charity and financial assistance policies.

Prompt Pay Discounts	POLICY NO. CYC-01/FAP_0025 Section 4

4.1 All patients are eligible for a 10% Prompt Pay Discount when the patient balance owed is paid in full within thirty (30) days of the bill date. Patient is responsible for deducting the 10% prompt pay discount at the time of payment.

4.2 The Local System Director of Patient Financial Services is responsible for ensuring compliance with all state laws and regulations regarding discounts for health care services.

Billing and Letter Series	POLICY NO. CYC-01/FAP_0025 Section 5

5.1 A standard letter series is used to inform the patient of the patient balance owed and the availability of the Patient Financial Assistance Program. (See BSHSI Patient Financial Services Policy No C1217.)

5.2 The BSHSI Director of Patient Financial Services or designee reviews as needed, but at a minimum on an annual basis, the standard letter series. Any changes to the standard letter series are communicated to each Local System Director of Patient Financial Service or designee and Local System Champion for immediate use.

5.3 A distinct letter series is used for the Patient Financial Assistance Program to inform the patient of eligibility status and the patient balance owed. (See BSHSI Patient Financial Services Policy No. C313.

5.4 The BSHSI Director of Patient Financial Services or designee reviews as needed, but at a minimum on an annual basis, the distinct letter series for Patient Financial Assistance Program. Any changes to the distinct letter series are communicated to each Local System Director of Patient Financial Service or designee and Local System Champion for immediate use.

5.5 It is the policy of BSHSI to provide notification to a patient at least thirty (30) days before an account is sent to collection. Written notice can be included with the bill.

Payment Options	POLICY NO. CYC-01/FAP_0025 Section 6

6.1 A variety of payment options are available to all patients and their families.

- **Monthly Pay Plan** - Patient pays the patient balance owed over an eight-month period with a minimum monthly payment of $50. In the State of New York, the monthly payment shall not exceed ten percent (10%) of the gross monthly income of the patient. A patient may receive a monthly payment due reminder or choose an automatic check debit or credit card payment method.

- **Loan Program** - Assistance in obtaining a low-cost retail installment loan with an independent finance company is provided if the patient is not able to pay the patient balance owed within eight months of the billing date.

- **Single Payment** – Patients may choose to wait to pay the patient balance owed until after their insurance company has paid its portion. The patient balance owed is due within thirty (30) days of the billing date.

6.2 The Patient Financial Services staff documents the payment option selected by the patient in the financial information system.

6.3 Payments will be applied in the following order, unless otherwise directed by the LS DPFS:
- In accordance with remittance advice or EOB
- As directed by the patient/guarantor

In the absence of the above two points:
- The most current account

This approach mitigates issues with the handling of Family Annual Liability and reduces expense to the organization.

Program Enrollment Assistance	POLICY NO. CYC-01/FAP_0025 Section 7

7.1 The Medical Eligibility Vendor/Medical Assistance Advocacy screens referred patients for eligibility for the following programs (this list is not inclusive of all available programs) :

- SSI Disability / Federal Medicaid
- State Medicaid
- Local/County Medical Assistance Programs
- State-Funded Charity Programs
- BSHSI Patient Financial Assistance Program

7.2 The Medical Eligibility Vendor/Medical Assistance Advocacy assists the patient in completing and filing application forms for all programs for which the patient may be eligible, including the BSHSI Patient Financial Assistance Program.

7.3 The Medical Eligibility Vendor/Medical Assistance Advocacy forwards the completed Patient Financial Assistance Program application form (and any documentation) to Patient Financial Services for processing.

7.4 Patients should be encouraged to apply for financial assistance as soon as possible, and in the State of New York, Patients will have at least ninety (90) days from date of discharge or date of service to apply for financial assistance and at least twenty (20) days to submit the completed application (including any state or federally required documentation

7.5 Certain government programs may require proof of income.

7.6 Patients without US citizenship presenting as uninsured will be eligible for the CSA however they must also be screened for available programs and/or referred to an international case firm (as determined by the Local System).

7.7 Insured patients without US citizenship must be referred to an international case firm (as determined by the Local System) for processing.

Patient Financial Assistance Program	POLICY NO. CYC-01/FAP_0025 Section 8

8.1 The Patient Financial Assistance Program assists uninsured and underinsured patients who are not able to pay in part or in full the account balance not covered by their private or government insurance plans without undue financial hardship.

8.2 The standard minimum income level to qualify for 100% charity through the Patient Financial Assistance Program is an income equal to or less than 200% of the Federal Poverty Guidelines. BSHSI will not include Patient's assets in the application process.

8.3 Individuals above the 200% of the Federal Poverty Guidelines can be found eligible for partial assistance. Determination of a patient's maximum annual liability considers the patient's income and size. The patient balance owed is calculated using the formula illustrated in the Tables below.

8.4 In Maryland, individuals between 200% and 300% of the federal poverty guidelines may qualify for partial financial assistance based on the BSHSI reduced scale. Individuals above 300% may also qualify for partial financial assistance based on the BSHSI reduced scale.

8.5 In New York, when a patient is above 200% but less than or equal to 250% of the Federal Poverty Guidelines, the hospital shall apply a graduated scale not to exceed the maximum that Medicare, Medicaid, the charge from a third party payor, or the charge from the BSHSI hospital as adjusted by the CSA, whichever is more generous.

8.6 In New York, when a patient is equal to or above 251% of the Federal Poverty Guidelines, the hospital shall collect no more than the greater of the amount that would have been paid for the same services by Medicare, Medicaid, or the "highest volume payor, or the charge from the BSHSI hospital as adjusted by the CSA, whichever is more generous.

UNINSURED ONLY:

Note: This Table Does Not Address New York Patients.

Step I	[Charges] x [Community Service Adjustment] = Adjusted Account Balance Owed Uninsured patients ONLY will receive an "account" balance reduction / Community Service Adjustment (CSA). The reduction is market adjusted and will insure that patient's will never pay 100% of charges. The patient is still fully responsible for their Annual Liability after FAP (Steps II & III below). NOTES: The Community Service Adjustment applies to the balance due on individual accounts. a) If patient is approved for financial assistance they are responsible for each adjusted account balance owed amount until they meet their annual family liability. b) If patient is not approved for financial assistance, they are responsible for each adjusted account balance owed without an annual threshold.
Step II	[Household Income] – [Federal Poverty Guidelines, Adjusted for Family Size] = Adjusted Household Income
Step III	[Adjusted Household Income] x [The Tax Foundation % which identifies the amount of Household Income Spent for Medical Expenses] = Patient/Family Maximum Annual Liability Once the annual liability is met any balances thereafter will be processed as 100% charity (see section 8.6).
Step IV	As applicable, [Patient Balance Owed] - [10% Prompt Pay Discount] = Discounted Patient Balance Owed.
Step V	As patients become eligible for FAP the CSA will be reversed and processed as a charity adjustment.

UNDERINSURED ONLY:

Note: This Table Does Not Address New York Patients.

Step I	[Household Income] – [Federal Poverty Guidelines, Adjusted for Family Size] = Adjusted Household Income
Step II	[Adjusted Household Income] x [The Tax Foundation % which identifies the amount of Household Income Spent for Medical Expenses] = Patient/Family Maximum Annual Liability Once the annual liability is met any balances thereafter will be processed as 100% charity (see section 8.6).
Step III	As applicable, [Patient Balance Owed] - [10% Prompt Pay Discount] = Discounted Patient Balance Owed
Step IV	As patients become eligible for FAP the CSA will be reversed and processed as a charity adjustment.

8.7 The BSHSI Director of Patient Financial Services prepares and distributes updates to the Federal Poverty Guidelines, The Tax Foundation Average % and the respective Local System Cost of Service Adjustment as a part of the annual Strategic Quality Plan and Budget Guidelines process. The Local System Champion is responsible to ensure Guidelines are followed.

8.8 Patient Financial Services determines and documents the patient's eligibility for the Patient Financial Assistance Program and notifies the patient. The letter of approval/denial is mailed to the patient after receipt of the application and supporting documentation.

8.9 Patients determined to be eligible for Patient Financial Assistance Program retain eligibility for a period of twelve (12) months from the date of approval. At the end of those twelve (12) months, the patient is responsible for reapplying for eligibility for the Patient Financial Assistance Program.

8.10 Services provided as a result of an accident are subject to all legal instruments required to ensure third party liability payment, even if these instruments are filed after the initial eligibility for the Patient Financial Assistance Program has been approved. If third party coverage exists, BSHSI will collect the balance owed from the third party payer.

8.11 Application can be made on behalf of the patient by the following parties, including but not limited to:

- Patient or guarantor
- Faith community leader or representative
- Physician or other health care professionals
- Member of the Administration

8.9 Validated denial of coverage will be considered as uninsured and will be provided CSA.

Pursuit of Non-Payment	Policy No. CYC-01/FAP_0025 Section 9

9.1 No collection efforts are pursued on any pending Patient Financial Assistance Program account.

9.2 Any collection attorneys working on behalf of BSHSI are NOT authorized to attach bank accounts and in no case file body attachments. BSHSI collection attorneys follow BSHSI's value-based procedures in the pursuit of estates, garnishments and judgments for non-payment of debts. In no event will BSHSI ever put a lien on a patient / guarantor's primary residence.

9.3 In New York, BSHSI payment plans will not contain an accelerator or similar clause under which a higher rate of interest is triggered by a missed payment.

9.4 Each Local System uses a reputable collections attorney for the processing of legal accounts.

9.5 The Local System Director of Patient Financial Services is responsible for reviewing balances of $5,000 and greater to confirm that all appropriate actions have been taken prior to the patient balance being written off to Bad Debt or sent for suit. Policy allows for the Local Systems to be more stringent in their practices with respect to authorization levels.

9.6 As State requirements permit, deceased patients with no estate or patients that have been discharged through a Chapter 7 bankruptcy are automatically qualified for 100% charity write off.

9.7 All collection-type vendors are required to comply with the BSHSI Code of Conduct.

Accountability and Monitoring	Policy No. CYC-01/FAP_0025 Section 10

10.1 Reports on the program status are issued monthly, as part of current patient financial services/ revenue cycle reporting, to each Local System CEO, CFO, VP of Mission, Director of Patient Financial Services, Local System Champion and staff and others as defined.

10.2 The indicators used to monitor the program are:

- Main Indicators:
  - Bad Debt as % of Gross Revenue
  - Charity Care as % of Gross Revenue
- Monitoring Indicator:
  - Reduction to % of accounts/dollars in bad debt that have been reclassified to charity.

10.3 The Local System CEO is the responsible person to insure applicable standardization of implementation and compliance with the integrity of the program on an ongoing basis.

11.1 Due to the ever-changing environment and current proposed legislation it will be necessary to revise this policy as appropriate.

11.2 It may be necessary to address certain State requirements within this policy to insure compliance with applicable laws and regulations.

11.3 Maryland State Only Regulations

- The Maryland HSCRC (Health Service Cost Review Commission) requires all Maryland hospitals to use the Uniform Financial Assistance Application form beginning January 1, 2006.
- To maintain compliance with applicable Maryland laws, Bon Secours Maryland will not sell bad debt accounts to any third parties. Bon Secours may use third party vendors to assist in the collection of bad debt and charity accounts.
-

11.4 New York State Only Requirements:

- Appeals Process for Re-Consideration of a Denied Application – All patients that have been denied have the right to appeal by contacting the New York business office at 800-474-3900. .

- The following are the reporting requirements by the hospital:
    - A report on hospital costs incurred and uncollected amounts in providing services to the uninsured and under insured, including uncollected co insurance and deductible amounts.
    - The number of patients, organized by zip code, who applied for financial assistance, and the number of patients by zip code whose applications were approved and whose applications were denied.
    - The amount reimbursement received from the Hospital Indigent Care Pool.
    - The amount spent from charitable funds, trusts or bequests established for the purpose of providing financial assistance to eligible patients as defined by such trusts or bequests.
    - If local social services district in which the hospital is located permits the hospital to assist patients with Medicaid applications, the number of Medicaid applications the hospital helped patients complete, and the number approved and denied.
    - The hospital's losses resulting from providing services under Medicaid.

Prepared by/Title:	**Nick Dawson, Director Revenue Cycle Services**
Signature/Date:	
Reviewed by/Title:	**Joe Ingold, VP Integration, Revenue Cycle Services**
Signature/Date:	7/12/10
Approved by/Title:	**Joe Ingold, VP Integration, Revenue Cycle Services**
Signature/Date:	7/12/10

Related Policies & Procedures; Notes; Controls:

Revision Date: (Use if Revised.)		**Review Date: (Use if Reviewed No Changes.)**
		April 18, 2008
Nick Dawson	**Additions for New York State**	**April 24, 2008**
Nick Dawson	**Additions for Maryland State**	**June 4th 2008**
Nick Dawson	**Inclusions of board approved language**	**January 6 2010**
Nick Dawson	**Addition of section 8.4 for Maryland HSCRC regulations**	**April 20 2010**
Nick Dawson	**Revised section 8.8.**	**July 9 2010**

Filename: BC

Date: September, 1999

E5101

Appendix III - Patient Information Sheet

Appendix 1

BON SECOURS
BALTIMORE
HEALTH SYSTEM

PATIENT BILLING RIGHTS AND OBLIGATIONS

Not all medical costs are covered by insurance. You have the right to receive medically necessary care without the ability to pay. Financial assistance is available through government programs and Bon Secours Baltimore Health System, if you qualify for our Financial Assistance Program. The Bon Secours Health System (BSHSI) exists to benefit people in the communities they serve. It is up to you to provide complete and accurate information about your health insurance coverage when you come to the hospital.

These services and procedures address the needs of patients who have limited financial means and are not able to pay in part or full for the services provided with out undue financial hardship.

FINANCIAL ASSISTANCE

If you are unable to pay for medical care, you may qualify for free or reduced cost care. Financial counselors are available; to assist you in applying for government-sponsored financial assistance or for the Bon Secours Financial Assistance Program. **Please contact Phyllis Brown at 410-362-3319 concerning:**

- Your hospital bill
- Your patient rights and obligations with regard to hospital bill
- How to apply for free and reduced care
- How to apply for the Maryland Medical Assistance Programs and any other programs that may help pay your bill

For information about the Maryland Medical Assistance Programs; contact the help line at 1-800-456-8900, TTY 800-735-2258 or visit the website www.dhmh.state.md.us/ma4families

PHYSICIAN BILLING

Professional services provided to you by a physician will be billed separately and apart from the fees charged by the hospital.

Thank you and we look forward to providing you the "Good Help" Bon Secours Baltimore stands for.

BON SECOURS
BALTIMORE
HEALTH SYSTEM

DERECHOS Y OBLIGACIONES DE FACTURACIÓN DEL PACIENTE

No todos los costos médicos están cubiertos por el seguro. Tiene derecho a recibir la atención médica necesaria aunque no pueda pagarla. Puede acceder a asistencia financiera a través de programas del gobierno y del sistema de salud Bon Secours Baltimore Health System, si califica para nuestro programa de asistencia financiera Financial Assistance Program. El sistema Bon Secours Health System (BSHSI) existe para ayudar a personas dentro de las comunidades en las que trabajan. Cuando viene al hospital, es su responsabilidad entregar información completa y precisa acera de su cobertura de seguro de salud.

Estos servicios y procedimientos están orientados a atender las necesidades de pacientes cuyos medios financieros son limitados y no pueden pagar en forma parcial o total los servicios prestados sin atravesar excesivas dificultades financieras.

ASISTENCIA FINANCIERA

Si no puede pagar la atención médica, es posible que califique para obtener atención sin cargo o a un costo reducido. Contamos con asesores financieros que podrán ayudarlo a solicitar asistencia financiera patrocinada por el gobierno o a ingresar al programa Bon Secours Financial Assistance Program. **Póngase en contacto con Phyllis Brown al 410-362-3319 respecto de los siguientes temas:**

- Su factura del hospital
- Sus derechos y obligaciones como paciente en relación con la factura del hospital
- Cómo solicitar atención médica sin cargo o a un costo reducido
- Cómo solicitar el ingreso a los programas Maryland Medical Assistance Programs y a cualquier otro programa que pueda ayudarlo a pagar la factura

Para obtener más información sobre los programas Maryland Medical Assistance Programs, comuníquese con la línea de ayuda al 1-800-456-8900, teléfono de texto para sordomudos 800-735-2258 o visite el sitio Web en www.dhmh.state.md.us/ma4families

FACTURACIÓN DEL MÉDICO

Los servicios profesionales que el médico le brinde serán facturados por separado y aparte de los honorarios que cobre el hospital.

Muchas gracias y esperamos proporcionarle esa "Buena Ayuda" que es el sentido de Bon Secours Baltimore.

Maryland State Uniform Financial Assistance Application

Information About You

Name _____
First Middle Last

Social Security Number ___-___-____ Marital Status: Single Married Separated
US Citizen: Yes No Permanent Resident: Yes No

Home Address _____ Phone _____

_____

_____ _____
City State Zip code Country

Employer Name _____ Phone _____

Work Address _____

_____
City State Zip code

Household members:

Name	Age	Relationship

Have you applied for Medical Assistance Yes No
If yes, what was the date you applied? _____
If yes, what was the determination? _____

Do you receive any type of state or county assistance? Yes No

Hospital Name
Return Address

I. Family Income

List the amount of your monthly income from all sources. You may be required to supply proof of income, assets, and expenses. If you have no income, please provide a letter of support from the person providing your housing and meals.

	Monthly Amount
Employment	_____
Retirement/pension benefits	_____
Social security benefits	_____
Public assistance benefits	_____
Disability benefits	_____
Unemployment benefits	_____
Veterans benefits	_____
Alimony	_____
Rental property income	_____
Strike benefits	_____
Military allotment	_____
Farm or self employment	_____
Other income source	_____
Total	_____

II. Liquid Assets

	Current Balance
Checking account	_____
Savings account	_____
Stocks, bonds, CD, or money market	_____
Other accounts	_____
Total	_____

III. Other Assets

If you own any of the following items, please list the type and approximate value.

Home	Loan Balance _____		Approximate value	_____
Automobile	Make _____	Year _____	Approximate value	_____
Additional vehicle	Make _____	Year _____	Approximate value	_____
Additional vehicle	Make _____	Year _____	Approximate value	_____
Other property			Approximate value	_____
			Total	_____

IV. Monthly Expenses

	Amount
Rent or Mortgage	_____
Utilities	_____
Car payment(s)	_____
Credit card(s)	_____
Car insurance	_____
Health insurance	_____
Other medical expenses	_____
Other expenses	_____
Total	_____

Do you have any other unpaid medical bills? Yes No

For what service? _____

If you have arranged a payment plan, what is the monthly payment? _____

If you request that the hospital extend additional financial assistance, the hospital may request additional information in order to make a supplemental determination. By signing this form, you certify that the information provided is true and agree to notify the hospital of any changes to the information provided within ten days of the change.

_____ _____

Applicant signature Date

_____

Relationship to Patient

Appendix VI - Mission, Vision, Value Statement

Description of Mission, Vision, and Values

While in many ways the Mission of Bon Secours speaks for itself, an outside observer would benefit from the knowledge that the Misison is driven by and sustained through the Eight Core Values of the system. They are Respect, Justice, Integrity, Stewardship, Innovation, Compassion, Quality, and Growth.

It is part of the culture of Bon Secours to live these values on a day to day basis. They drive the System's desire to treat patients in a holistic way, by treating mind, body, and spirit.

Our community benefits program reflect the System's desire to help the people of West Baltimore attain and maintain good health by helping in the areas of housing, career development, and health awareness.

It is through the values of Respect and Justice that we strive to provide adequate housing. It is because of the values of Integrity and Stewardship that we seek to use the resources available in the most effective manner. Compassion and Quality compel us to treat all patients in a caring way. And Innovation and Growth drives our desire to continue to serve the community for many years into the future.

The policy is attached.

BON SECOURS ST. FRANCIS HEALTH SYSTEM **Nursing Administration Policy**	**Policy Number:** 01-6010-SC000000.doc **Title:** Bon Secours Mission, Vision, Values **Effective Date:** **Reviewed Date: 12/2006;01/2010; 07/11, 09/12**

MISSION

The mission of Bon Secours Health System is to bring compassion to health care and to be Good Help to Those in Need®, especially those who are poor and dying.

As a system of caregivers, we commit ourselves to help bring people and communities to health and wholeness as part of the healing ministry of Jesus Christ and the Catholic Church.

VISION

Inspired by the healing ministry of Jesus Christ and the Charism of Bon Secours....As a prophetic Catholic health ministry we will partner with our communities to create a more humane world, build health and social justice for all, and provide exceptional value for those we serve.

VALUES

RESPECT
JUSTICE
INTEGRITY
STEWARDSHIP
INNOVATION
COMPASSION
QUALITY
GROWTH